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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/665,275-Conf. #5466
	Filing Date	September 22, 2003
	First Named Inventor	Koichi Wago
	Art Unit	1756
	Examiner Name	M. J. Angebranndt
	Attorney Docket Number	21064/0206584-US0

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 73447

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

73447

OR

Firm or
Individual Name

Address

City

Country

State

Zip

Telephone

Email

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name **Paul T. Dietz, Attorney for Assignee**

Date

Sept 25, 2007

Telephone

(952) 402-8585

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of **1** forms are submitted.